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2457 7598 10/04/2006

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Drafter's name [Redacted]
(Signature) [Redacted]
(Date) [Redacted]

APPLICATION NO.	FILING D/S/PB	FIRST NAME OF INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/527,167	03/08/2005	Catherine Lam	FB 020093	9544

TITLE OF INVENTION: METHOD AND DEVICE FOR SOURCE DECODING A VARIABLE-LENGTH SOFT-INPUT CODEWORDS SEQUENCE

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/04/2007
EXAMINER	ART 15/01					
RIZK, SAMIR WADIE	2133				714-706000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address) (37 CFR 1.22) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 05-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

 Michael E. Belk Paul Im

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for record as set forth in 37 CFR 1.11. Completion of this form IS NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

KONINKLIJKE PHILIPS ELECTRONICS N.V.

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

EINDHOVEN, THE NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

 Payment of Fees. (Please first remit any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2612 is attached Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /Paul Im/

Date January 3, 2007

Type or printed name Paul Im

Registration No. 50,418

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